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FEB 07 2005

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45305

7590

01/28/2005

**RENNER, OTTO, BOISSELLE & SKLAR, LLP (AMDS)
1621 EUCLID AVE - 19TH FLOOR
CLEVELAND, OH 44115-2191**

02/08/2005 JBALINA2 00000015 10716230

01 FC:1501 1400.00 OP
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Jason A. Worgull		(Depositor's name)
Jason A. Worgull		(Signature)
February 2, 2005		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/716,230	11/18/2003	Ashot Melik-Martirosian	H0600	6745

TITLE OF INVENTION: DUAL CELL MEMORY DEVICE HAVING A TOP DIELECTRIC STACK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	04/28/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
LAM, DAVID	2827	365-185280

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Renner, Otto, Boisselle & Sklar, LLP 2 _____ 3 _____
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Advanced Micro Devices, Inc.

Sunnyvale, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 2

A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge any deficiency to Deposit Account Number 18-0988 or credit any overpayment, to Deposit Account Number 18-0988 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Jason A. Worgull

Date February 2, 2005

Typed or printed name Jason A. Worgull

Registration No. 48,044

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